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7 **UNITED STATES DISTRICT COURT**
8 **WESTERN DISTRICT OF WASHINGTON**
9 **AT SEATTLE**

10 STATE OF WASHINGTON, et al.,

11 v.
12 Plaintiffs,

13 DONALD J. TRUMP, in his official
14 capacity as President of the United States of
15 America, et al.,

16 Defendants.

17 NO.

18 DECLARATION OF
19 ELLIKA MCGUIRE, MD

1 I, Ellika McGuire, declare as follows:

2 1. I submit this expert declaration based on my personal knowledge.

3 2. I am a child, adolescent, and adult psychiatrist and psychoanalyst with expertise
4 in LGBTQ+ mental health, with a focus on transgender and gender nonconforming youth. I
5 earned a bachelor's degree with honors from Brown University and earned a medical degree
6 from Vanderbilt University. I completed an internship in pediatrics and trained in both child and
7 general psychiatry during my residency and fellowship at the University of Washington. I also
8 earned a graduate degree from a four-year training program at the Seattle Psychoanalytic Society
9 and Institute in child and adult psychoanalysis.

10 3. I am also a Clinical Instructor in the University of Washington School of
11 Medicine Department of Psychiatry where I teach psychodynamic psychotherapy,
12 psychopharmacology, and supervise psychiatrists completing their residency. I am a member of
13 the American Academy of Child and Adolescent Psychiatry and the American Academy of
14 Psychiatry and the Law. I am Board Certified in Child and Adolescent Psychiatry and
15 General Psychiatry by the American Board of Psychiatry and Neurology. I am licensed to
16 practice medicine in Washington State and Colorado State.

17 4. In addition to my specialty in child and adolescent mental health, I also specialize
18 in family health and work closely with parents throughout the treatment of children and
19 adolescents to help the patient and to nurture the parent-child relationship.

20 5. Currently, I practice psychiatry, psychotherapy, and psychoanalysis in my private
21 practice with children, youth and adults. I have collaborated with medical teams to provide
22 gender-affirming treatment to patients of all ages. I also provide forensic investigative expertise
23 in legal cases, with experience in cases involving sexual assault to youth in schools. I also
24 participate in a gender and sexuality study group with other clinicians nationwide.

25 6. I have been a graduate psychiatrist since 2016, when I began a private practice
26 and started working in community mental health at Youth Eastside Services. My private practice

1 is a psychotherapy-based practice where I conduct psychiatric evaluations, make diagnoses,
 2 practice psychotherapy and psychoanalysis, and prescribe medications. Approximately 75% of
 3 my clients are children, youth and young adults. Many of my patients are transgender, including
 4 the full range of gender identities. I have treated at least 30–40 transgender patients in my career.
 5 Many of my transgender patients are receiving gender-affirming care. Additionally, I've written
 6 approximately 10 letters to support patients in receiving gender-affirming surgical and/or
 7 medical care.

8 7. With expertise in transgender youth and adult mental health, I can explain specific
 9 terms associated with this population.

10 a. **Gender identity.** Gender identity is a person's sense of their own gender.
 11 A person may feel that they are male/female/other/somewhere in between. Sometimes
 12 this feeling is connected to a person's genitals/body and sometimes it is not.

13 b. **Social transition.** Social transition includes a range of things people do
 14 to express their gender in ways that matches their gender identity. This can include the
 15 clothing someone wears, the hairstyles they choose, or how they wear makeup. It can
 16 also involve selecting a different name or nickname, changing one's pronouns, changing
 17 gender markers at school and/or on identification documents like one's passport.

18 c. **Gender-affirming care.** Gender-affirming care includes the range of
 19 medical and social interventions and treatments that support a person living in and
 20 expressing their gender identity. This can include medical interventions which seek to
 21 align a person's body with their gender identity, including hormone therapy (using
 22 hormone blockers or taking hormones like testosterone or estrogen) and surgery
 23 (breast reconstruction, genital reconstruction, facial surgery), as well as hair removal,
 24 voice training, and others.

25 d. **Gender dysphoria.** Gender dysphoria is listed as a condition in the
 26 Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Gender dysphoria

1 occurs when a patient experiences significant distress stemming from the incongruence
 2 between their gender identity (their experienced/expressed gender) and their assigned
 3 gender for at least 6 months. For example, if a patient's gender identity is male, and
 4 others insist that they are female, this can cause significant emotional distress, which
 5 would be characterized as gender dysphoria.

6 8. In my role as psychiatrist, I diagnose patients, and I prescribe medications. I
 7 prescribe medications to treat a range of psychiatric conditions, including anxiety, depression,
 8 bipolar disorder, PTSD, ADHD, and others. I do not prescribe gender-affirming medications as
 9 this is typically done by endocrinologists or primary care physicians.

10 9. Research shows that transgender children and adolescents experience higher rates
 11 of anxiety, depression, suicidal thoughts, and suicide than their cisgender peers. However,
 12 research also shows that when transgender children and adolescents grow up in affirming
 13 environments, and when they can access gender-affirming care, their rates of anxiety,
 14 depression, and suicidal thoughts decrease and mirror those of their cisgender peers.^{1 2 3 4}

15 10. Transgender children have the right to be accepted and respected in the same
 16 manner as all other children. All children, including transgender children, do best when they are
 17 listened to and respected for who they are. When a trans child shares their gender identity with
 18 an adult or a peer and they are told that who they are is wrong or bad, they are significantly more
 19 likely to develop adverse mental health symptoms. When we listen to what transgender children
 20 tell us about their gender and what it means for them to live that gender (for example, by
 21 facilitating and respecting a social transition), transgender kids exhibit positive mental health

22 ¹ Hunter J, Buter C, Cooper K: Gender minority stress in trans and gender diverse adolescents and young
 23 people. Clin Child Psychol Psychiatry. 2021 Oct;26(4):1182-1195.

24 ² Olsen K, Durood L, DeMeules M, Et al. Mental Health of transgender children who are supported in their
 25 identities. Pediatrics 2016;137:1-8.

26 ³ Durwood L, McLaughlin K, Olson K. Mental Health and Self-Worth in Socially Transitioned
 27 Transgender Youth. J Am Acad Child Adolesc Psychiatry. 2017 Feb;56(2):116-123.e2. doi:
 10.1016/j.jaac.2016.10.016. Epub 2016 Nov 27.

28 ⁴ U.S. National Survey on the Mental Health of LGBTQ+ Young People: The Trevor Project.
 29 www.thetrevorproject.org/survey-2024.

1 outcomes. The transgender children that I see in my practice, who grow up in families and
 2 communities that accept who they are, are much less likely to develop anxiety, depression, and
 3 suicidal thinking. It is clear that by accepting transgender children for who they are, we can
 4 prevent mental health issues in this population.

5 11. Research shows that transgender children present with higher rates of suicidal
 6 ideation (thoughts of suicide) and attempted suicide. I tend to think about this effect cumulatively
 7 in that transgender children who don't have access to parental or community support regarding
 8 their gender identity, nor gender-affirming care, tend to experience more gender dysphoria, along
 9 with more social rejection. These transgender adolescents are not accepted for who they are and,
 10 in fact, they are often actively bullied for who they are, contributing to feelings of hopelessness.
 11 All of this contributes to adverse mental health outcomes, including suicide. After transgender
 12 children and adolescents begin to transition, socially and medically, I routinely see a decrease in
 13 suicidality.

14 12. I understand that the President of the United States has issued an Executive Order
 15 that seeks to limit transgender children and adolescents' access to gender-affirming care. This
 16 Executive Order will have a variety of detrimental effects on my patients. During
 17 President Trump's first administration, I saw my transgender patients experience an increase in
 18 stress, bullying, and community violence. Some of my transgender patients worried they would
 19 lose access both to gender-affirming care and healthcare in general. Some of my transgender
 20 patients experienced despondency and despair. I had transgender patients tell me "I didn't know
 21 so many people hated me." In the last few weeks, since President Trump's second administration
 22 began, I see my patients experiencing even more fear than before.

23 13. If my young transgender patients who receive gender-affirming care were unable
 24 to access that care, they could enter into puberty as a gender they have never identified with.
 25 This could have a significant, permanent impact on their physical development, leading to
 26 lifelong gender dysphoria and prolonged negative mental health outcomes. These negative

outcomes are completely preventable if transgender youth can maintain access to the care they deserve. I have transgender patients on puberty blockers who are doing very well emotionally, showing no signs of mental illness related to their gender identity. As demonstrated in the research, a large part of their stability is that they are counting on the ability to grow up and live in line with their gender identity. It would be devastating to these young people if they could not transition in a way that aligns their body with their gender.

7 14. One of the most upsetting aspects of the Executive Order to me, is that it sends a
8 message to transgender children and their families that there is something wrong and intolerable
9 about who they are and who they know themselves to be. This is not a new message to send to
10 the LGBTQ+ community. What I observe as unique about this generation, however, is that these
11 youth are growing up with an opportunity to know and accept themselves without shame, with
12 certainty that who they are, that being transgender, is just another way to be a kid or a teen. This
13 generation does not have to suffer for who they are. The harmful rhetoric from the President
14 takes that away from these children and will have significant damaging effects on transgender
15 children's mental health.

16 I declare under penalty of perjury under the laws of the State of Washington and the
17 United States of America that the foregoing is true and correct.

18 DATED and SIGNED this 5th day of February 2025, at Seattle, Washington.

Ellika McGuire